montana optometric association

mteyes.com | e: mwangen@rmsmanagement.com | p: 406.443.1160 | f: 406.443.4614 | 36 s last chance gulch, suite a, helena, mt 59601

• founded 1907 •

Comments pertaining to MAR Notice 37-788,
updating the effective dates of non-Medicaid and Medicaid
fee schedules to October 1, 2017.

July 27, 2017

My name is Dr. Carl Roth, president of the Montana Optometric Association. I am here on behalf of the 150 member doctors of the Montana Optometric Association and the patients we serve to oppose the proposed provider rate cuts and ask that the rule not be adopted.

I canceled patients this morning - delaying their care including Medicaid patients - because this issue is very important. Providing eye care to patients in need has been shouldered by optometry with passion and professionalism. Optometry provides eye care for 90% of all eye and vision care disorders for those covered by Medicaid. Moreover, Optometry sees these patients at a 33% discounted rate to Ophthalmology and primary care physicians. Thirty-three percent less for identical codes, the same exam, the same high standard of care, the same liability.

Due to Medicaid expansion, nearly 24% of the population of Montana is now covered by public assistance health care and the volume of Medicaid patients being seen in offices has increased tremendously.

Nearly a year ago, members of the Montana Optometric Association requested a meeting with DPHHS staff and suggested specific cost saving changes:

1) Prior to Medicaid expansion, the policy was exams every 2 years for adults with no underlying medical issues requiring more frequent exams (i.e., diabetic patients). The new policy pays for exams every year for adults. This policy shift creates an enormous backlog and increased wait times for the patients. The standard of care for healthy adults is an eye exam every two years. Most adults do not need an annual exam. Annual exams for healthy adults has greatly increased patient demand and incurs unnecessary program costs. For this very reason, very rarely do commercial plans cover annual exams.

2) Most adults do not need yearly changes in their glasses. Non-Medicaid patients generally change only 2-3 years or longer if they do not have a shift /change in vision. Statistically, eye glass prescriptions do not change for two years, a fact reflected by the federal mandated minimum prescription expiration date of 2 years.

A policy of annual eye exams and yearly frame and lens benefits not only exceeds recommended standard of care; it exceeds coverage provided by private sector vision insurance plans. Providers were not brought into any discussion prior to the policy change. Further, none of these cost saving suggestions for change are even being discussed in this rule.

Optometrists are seeing Medicaid patients that aren't properly vetted. Patients are coming in not only with Medicaid coverage but also commercial coverage. We have reports of patients using other commercial vision insurance and discount plans in addition to Medicaid. When contacting Medicaid to verify which coverage is primary, our members have been told "Don't worry about it--it's not our problem what the patient has. They can use either or both." The Department tells us this should not be happening but they don't have the time to investigate each applicant but maybe next time it will show up on the application." Provider offices are being expected to do more of the Department's work in determining payment eligibility while being reimbursed less.

Our office costs for providing services are no less than other medical practices. If this rule cutting provider reimbursements is passed, our members will be faced with difficult individual practice decisions. Our staff salaries, office costs, equipment purchases and the like do not decrease because Medicaid reimbursement is decreased.

We ask the Department to reject these rules and work with providers to explore solutions including implementation of the savings measures that have been previously suggested.

Respectfully Submitted by,
Dr. Carl Roth, President

cc: Governor Steve Bullock
Senator Mary Caferro, Chair and members of the Children, Families and Human Services Interim Committee